

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on August 19, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Code 73221-WP-22 for date of service 10/04/02.

## **II. RATIONALE**

- CPT Code 73221-WP-22 (2) denied as “G – Unbundling”. The 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rules do not address an MRI as being global or unbundled, the CPT descriptor defines this code as magnetic resonance (eg, proton) imaging, any joint of upper extremity. The requestor did MRI’s of the shoulder, elbow and wrist and billed \$924.00 for each of 3 body areas; the insurance carrier paid \$924.00 for one body area and denied the remaining two body areas; however, per the Radiology/Nuclear Medicine Ground Rules (I)(A)(2) and (II)(C)(3) the Requestor did not submit relevant information to support the delivery of services. Reimbursement is not recommended

## **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 73221-WP-22.

The above Findings and Decision is hereby issued this 24th day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf